# PUBLICATION

## CMS Signals Expanded Anti-Fraud Enforcement Through CRUSH Initiative

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**The Centers for Medicare and Medicaid Services (CMS) issued a Request for Information (RFI) on February 27, 2026, that signals a potential expansion of federal health care fraud, waste, and abuse enforcement. While the RFI does not impose new legal requirements, it provides an early and important window into CMS's enforcement priorities and the regulatory changes that may follow.**

**The initiative, referred to as "Comprehensive Regulations to Uncover Suspicious Healthcare," or CRUSH, reflects CMS's stated goal of strengthening its ability to detect, prevent, and respond to fraud across federal health care programs.**

## Why Stakeholders Should Pay Attention Now

Although CRUSH is still in the exploratory phase, CMS's message is clear: program integrity enforcement is a top priority, and the agency is actively evaluating whether existing oversight is sufficient. For providers, suppliers, and other affected entities, this signals the possibility of more stringent enrollment requirements, expanded disclosure obligations, and increased scrutiny of billing and operational practices.

Equally important, CMS is seeking input now. This creates a time-limited opportunity for stakeholders to shape the contours of potential future rulemaking.

## Key Areas of Focus and Potential Impact

CMS identified several areas where it is considering regulatory or programmatic changes. Each has meaningful implications for providers and suppliers.

- **Modifications to Program Integrity Requirements** – CMS seeks feedback on whether existing program integrity requirements across Medicare, Medicaid, CHIP, and Marketplace programs adequately identify, prevent, and address fraud, waste, and abuse, or whether enhanced authorities are warranted.
- **Enhanced Identity Proofing and Ownership Requirements** – The RFI requests comment on enhanced identity proofing mechanisms and ownership disclosure requirements of five percent or greater owners of Medicare-enrolled providers and suppliers, including whether additional verification would improve early identification of high-risk actors.
- **Preclusion List and Medicare Advantage Enrollment Requirements** – CMS solicits comment on potential revisions to the preclusion list and Medicare Advantage (MA) enrollment requirements, citing concerns that some providers and suppliers revoked from traditional Medicare continue to participate in MA plans, undermining program integrity.
- **Laboratory Test Fraud, Including Genetic and Molecular Diagnostics** – The RFI raises concerns about Medicare fraud involving laboratory testing, including genetic and molecular diagnostics, and solicits input on weaknesses in existing payment and oversight structures and potential measures to address improper billing, including expanded MolDX registration requirements.

- **Risks Posed by Non-Participating DMEPOS Suppliers in Medicare Advantage** –CMS seeks comment on fraud risks posed by non-participating durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers in Medicare Advantage and whether additional safeguards are needed to protect beneficiaries.
- **Fraudulent Medicare Parts A and B Claim Submissions** – The RFI seeks comment on fraudulent Medicare Parts A and B claims and potential strategies to reduce improper billing, including shorter filing deadlines, as well as related operational and compliance impacts.
- **Artificial Intelligence in Medicare Advantage Coding and Hospital Billing** – CMS solicits comment on the use of artificial intelligence in MA risk adjustment coding and hospital billing, including its impact on coding accuracy and program integrity.
- **Beneficiary Solicitation and Beneficiary Contact** – The RFI seeks input on whether existing rules adequately protect beneficiaries from misleading or abusive marketing while permitting legitimate communications.
- **Surety Bonds** – CMS requests feedback on the use of surety bonds as a program integrity tool, including whether bond requirements should be expanded or modified to mitigate fraud risk.
- **State-Specific Medicaid and CHIP Issues** – The RFI solicits state-specific input on Medicaid and CHIP program integrity risks, including whether variations across states warrant enhanced federal-state coordination or targeted policy changes in identified high-risk service areas.
- **Federally Facilitated Exchange and State-Based Exchanges** – Finally, CMS seeks comment on fraud, waste, and abuse risks in the Federally Facilitated Exchange and state-based exchanges, including whether existing marketplace oversight tools adequately address emerging risks.

## Opportunity to Influence Future Rulemaking

The CRUSH RFI represents an early step in the potential rulemaking process, and one that could meaningfully shape future regulatory obligations. CMS has emphasized that all comments will be publicly posted, including any confidential or personally identifiable information. Affected stakeholders considering submitting comments should focus on:

- The impact of potential regulatory changes on their operations
- Compliance oversight and feasibility concerns
- Areas where existing safeguards are effective
- Feedback grounded in real world experience

## Practical Next Steps

While no immediate action is required, organizations may wish to:

- Conduct targeted compliance and risk assessments in high focus areas, and
- Determine whether participation in the RFI process aligns with broader compliance and business objectives

The RFI was published at 91 Fed. Reg. 9803-08. CMS will accept comments for 30 days following publication, **with comments due no later than March 30, 2026**. Submissions must reference file code CMS-6098-NC and may be submitted electronically via *Regulations.gov* or by mail using the addresses specified in the Federal Register notice.

For more information about the CRUSH initiative or assistance preparing comments, please contact Alissa D. Fleming, Mary Grace Griffin, or any member of Baker Donelson's Health Law team.